

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL RD.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1		1				51				
2		1		1			52				
3	2			1			53				
4	1			1			54				
5	1			1			55				
6	1			1			56				
7	1			1			57				
8	1			1			58				
9	1			1			59				
10	1			1			60				
11	1			1			61				
12				1			62				
13	1			1			63				
14	1			1			64				
15	1			1			65				
16	1			1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21	1			1			71				
22	1			1			72				
23				1			73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
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34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		1		1			TOTAL IND.		1		1
TOTAL DEP.		22		22			TOTAL DEP.		22		22
TOTAL CLAIMS	22		22				TOTAL CLAIMS	22		22	